ENTRY BLANK							
PLEASE TYPE OR PRINT Entered previous May Show							
☐ Ms. Mr. Artist GERALD KRAMER Mr. Artist GERALD KRAMER							
(Last Name Last							
Permanent 2565 OVERLOOK RD., CLEVE. HTS.							
Street City							
44106 Tel. (216) 932-6071							
Zip Area Code							
Temporary or Studio Address							
Street							
Tel. ()							
Zip Area Code							
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?							
Collaborator(If Any)							
If May Show entries are not accepted or not sold:							
Artist will pick up at Museum.							
Museum should dispose of. Museum should ship to artist C.O.D. at this address:							
Horald France							
Special Instructions							
Special Instructions When necessary include below instructions or a drawing of							
how the object is to be assembled and displayed.							
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.							

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 18, 1980.

The submission of objects will be construed as acceptance of all conditions brinted in the entry information.

Signature / Jewish | Name

ENTRY BLANK	S							
		☐ 2. Gr				otography fts		
ACRYLIC ACRYLIC								
Title 4 B	LUE	Roo	w"					
Price or NFS		Insurance if NFS Or			6'	x 6'		
GRAPI	HICS AND	PHOTOG	RAPHY	ONLY	,			
Additional No. For Sale	Total I	No. in Edit	ion	Price Unfrar	med	Price of Frame		
REJECTED	14	FITE IN T	()		F	ACCEPTED REJECTED otography		
		□ 5. E			6. Cra			
Materials								
Title								
Price or NFS		NFS Only	ilue		Size			
GRAPHICS AND PHOTOGRAPHY ONLY								
Additional No. For Sale	Total N	No. in Editi	on	Price Unfrar	med	Price of Frame		
HOOLITED	DO NOT WRITE IN THIS SECTION		ACC	EPTED	2	BECEIVED TO		
REJECTED			REJECTED		5	DATE		

>

1980 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

GERALD KRAM	ER
Name 2565 OVERLOOK	RD.
Address CLEVELAND HTS.	Otto 44106
City & State	Zip

DE	TACH		_					
NOTIFICATION #2		DO NOT DETACH	\ \-					
1. Paintings								
"BLUE ROOM"								
DO NOT WRITE IN THIS SECTI	ON ACCE	PTED REJECTE	D					
1490	×							
2 □ 1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture □ 5. Electric □ 6. Crafts								
Title								
DO NOT WRITE IN THIS SECTI	ON ACCE	PTED REJECTE	D					
This is your only receipt to claim your object(s).								

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.